OP RITUXIMAB (WEEKLY X4)

Types: ONCOLOGY TREATMENT *Synonyms:* RITUX, LYMPHOMA, 375, RIT

Cycle	1	Repeat 1	time (Cycle length: 28 days			
1	Week 1				Perform every 1 day x1		
	Appoi	ntment Requests INFUSION APPOINTM	ENT DECLIECT				
		Interval:	Occurrences:				
	Labs	mitor van	Codditionode.				
	Labs	∠ CBC WITH PLATELET	AND DIEEEDENTIAL				
		_					
		Interval:	Occurrences:				
		☑ COMPREHENSIVE ME	TABOLIC PANEL				
		Interval:	Occurrences:				
		✓ MAGNESIUM LEVEL					
		Interval:	Occurrences:				
		□ LDH					
		Interval:	Occurrences:				
		☐ URIC ACID LEVEL					
		Interval:	Occurrences:				
	Outro						
	Outpa	atient Electrolyte Replacement Protocol TREATMENT CONDITIONS 39					
		Interval:	Occurrences:				
		Comments:	Potassium (Normal range				
			o Protocol applies for MD/NP	r SCr less than 1.5. O	therwise, contact		
				nly to same day lab va	lue.		
				less than 3.0mEq/L, g			
			PO and contact MD/NP		40 5 401 114 50		
				3.0 to 3.2mEq/L, give 3.3 to 3.4mEq/L, give			
					do not give potassium		
			replacement		9.10 permeen		
				teria, order SmartSet	called "Outpatient		
			Electrolyte Replacement"	olacement order as Pe	or protocol: cocian		
			o Sign electrolyte representation	Diacement order as i e	er protocor. cosigir		
			•				
		TREATMENT CONDIT					
		Interval: Comments:	Occurrences: Magnesium (Normal range	1 6 to 2 6m Ea/L)			
		Comments.		r SCr less than 1.5. O	therwise, contact		
			MD/NP		,		
				nly to same day lab va			
			o Serum Magnesium sulfate IV and contact MD/		give 2 gram magnesium		
				n 1.0 to 1.2mEq/L, give	e 2 gram magnesium		
			sulfate IV				
				n 1.3 to 1.5mEq/L, give	e 1 gram magnesium		
			sulfate IV o Serum Magnesium	n 1.6 mEg/L or greater	do not give		
			Coram Magnosian	meg, e or groator	, ao not aivo		

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Provider Communication

ONC PROVIDER COMMUNICATION 58
Interval: -- Occurrences: --

Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C

serology has been performed within the past 6 months. Hepatitis B and

C serologies results: Push F2:11554001 drawn on ***.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Give 30 minutes before rituximab infusion.

diphenhydrAMINE (BENADRYL) injection 25

mq

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Give 30 minutes before rituximab infusion.

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous continuous

Start: S

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Chemotherapy

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in ✓ sodium chloride 0.9% INITIAL INFUSION RATE

IVPB

Dose: 375 mg/m2 Route: intravenous once for 1 dose

Offset: 60 Minutes

Instructions:

Initiate infusion at rate of 50 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), then increase infusion rate by 50 mg/hour every 30 minutes, to a maximum rate

of 400 mg/hour.

Ingredients: Name Type Dose Selected Adds Vol.
RITUXIMAB 10 Medications 375 Main Yes

MG/ML mg/m2 Ingredient

CONCENTRATE,IN TRAVENOUS			
SODIUM	Base	Yes	Yes
CHLORIDE 0.9 %			
INTRAVENOUS			
SOLUTION			
DEXTROSE 5 % IN	Base	No	Yes
WATER (D5W)			
INTRAVENOUS			
SOLUTION			

RITUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB

Dose: -- Route: intravenous once for 1 dose
Offset: 60 Minutes

Instructions:

Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Туре	Dose	Selected	Adds Vol.
_	RITUXIMAB 10	Medications		Main	Yes
	MG/ML			Ingredient	
	CONCENTRATE, IN			_	
	TRAVENOUS				
	SODIUM	Base		Yes	Yes
	CHLORIDE 0.9 %				
	INTRAVENOUS				
	SOLUTION				
	DEXTROSE 5 % IN	Base		No	Yes
	WATER (D5W)				
	INTRAVÈNOUS				

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose Offset: 60 Minutes

SOLUTION

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening

consequences: urgent intervention indicated

(e.g., vasopressors or ventilator support).

Ingredients: Name Type Dose Selected Adds Vol.

RITUXIMAB 10 Medications 375 Main Yes MG/ML mg/m2 Ingredient

CONCENTRATE, IN

TRAVENOUS

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base No

Yes

WATER (D5W) INTRAVENOUS SOLUTION

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --

Comments: 1) During Rituximab infusion:

-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN -Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120,

temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: -- Occurrences: --

Comments: 2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the

previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg Route: intravenous once PRN

Start: S

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg Route: intravenous once PRN

Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection

0.3 mg

Dose: 0.3 mg Route: intramuscular once PRN

Start: S

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: -- Comments: Discontinue IV.

Discharge Nursing Orders Dose: 20 mL Route: intravenous **PRN** ☑ HEParin, porcine (PF) injection 500 Units Dose: 500 Units Route: intra-catheter once PRN Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance. Week 2 Perform every 1 day x1 Appointment Requests **INFUSION APPOINTMENT REQUEST** Interval: --Occurrences: --Labs **☑ CBC WITH PLATELET AND DIFFERENTIAL** Interval: --Occurrences: -- ☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --MAGNESIUM LEVEL Interval: --Occurrences: --□ LDH Interval: --Occurrences: --**□** URIC ACID LEVEL Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP 0 Protocol applies only to same day lab value. Serum potassium less than 3.0mEg/L, give 40mEg KCL IV or 0 PO and contact MD/NP Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO Serum potassium 3.5 mEg/L or greater, do not give potassium replacement If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" Sign electrolyte replacement order as Per protocol: cosign required **TREATMENT CONDITIONS 40** Interval: --Occurrences: --Comments: Magnesium (Normal range 1.6 to 2.6mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP Protocol applies only to same day lab value. 0 Serum Magnesium less than 1.0mEg/L, give 2 gram magnesium sulfate IV and contact MD/NP Serum Magnesium 1.0 to 1.2mEg/L, give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV

Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Provider Communication

ONC PROVIDER COMMUNICATION 58

Interval: -- Occurrences: --

Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C

serology has been performed within the past 6 months. Hepatitis B and

C serologies results: Push F2:11554001 drawn on ***.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Give 30 minutes before rituximab infusion.

diphenhydrAMINE (BENADRYL) injection 25

ma

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Give 30 minutes before rituximab infusion.

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous continuous

Start: S

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Chemotherapy

RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB

Dose: -- Route: intravenous once for 1 dose
Offset: 60 Minutes

Instructions:

Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a

maximum rate of 400 mg/hour.						
Ingredient	ts:	Name RITUXIMAB 10 MG/ML CONCENTRATE,IN TRAVENOUS	Type Medications	Dose		Adds Vol. Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in

O sodium chloride 0.9% 250 mL RAPID INFUSION

RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose

Offset: 60 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening

consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name RITUXIMAB 10 MG/ML CONCENTRATE,IN TRAVENOUS	Type Medications	Dose 375 mg/m2	Selected Main Ingredient	Adds Vol. Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --

Comments: 1) During Rituximab infusion:

-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN -Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120,

temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: -- Occurrences: --

Comments: 2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the

previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg Route: intravenous once PRN

Start: S

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg Route: intravenous once PRN

Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection

0.3 mg

Dose: 0.3 mg Route: intramuscular once PRN

Start: S

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76
Interval: -- Occurrences: -Comments: Discontinue IV.

Discharge Nursing Orders

Dose: 20 mL Route: intravenous PRN

☑ HEParin, porcine (PF) injection 500 Units

Dose: 500 Units Route: intra-catheter once PRN

Start: S Instructions:

Concentration: 100 units/mL. Heparin flush for

Implanted Vascular Access Device

maintenance.

Week 3 Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

☑ COMPREHENSIVE METABOLIC PANEL Interval: -- Occurrences: - ☑ MAGNESIUM LEVEL Interval: -- Occurrences: - ☐ LDH Interval: -- Occurrences: - ☐ URIC ACID LEVEL Interval: -- Occurrences: - ☐ Occurrences: - ☐ URIC ACID LEVEL Interval: -- Occurrences: - ☐ Occurrences

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO Serum potassium 3.5 mEq/L or greater, do not give potassium

replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

Serum Magnesium 1.3 to 1.5mEg/L, give 1 gram magnesium

sulfate IV

o Serum Magnesium 1.6 mEg/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Provider Communication

ONC PROVIDER COMMUNICATION 58

Interval: -- Occurrences: --

Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C

serology has been performed within the past 6 months. Hepatitis B and

C serologies results: Push F2:11554001 drawn on ***.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders sodium chloride 0.9 % infusion 250 mL Dose: 250 mL once @ 30 mL/hr for 1 dose Route: intravenous Start: S Instructions: To keep vein open. Rituximab Pre-Medications acetaminophen (TYLENOL) tablet 650 mg Dose: 650 ma Route: oral once for 1 dose Start: S Instructions: Give 30 minutes before rituximab infusion. diphenhydrAMINE (BENADRYL) injection 25 Dose: 25 mg Route: intravenous once for 1 dose Start: S Instructions: Give 30 minutes before rituximab infusion. sodium chloride 0.9 % infusion 500 mL Dose: 500 mL Route: intravenous continuous Start: S Pharmacy Consult PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION Interval: --Occurrences: --Chemotherapy RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB Route: intravenous once for 1 dose Dose: --Offset: 60 Minutes Instructions: Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour. Ingredients: Name Type Dose Selected Adds Vol. Medications Main **RITUXIMAB 10** Yes MG/ML Ingredient CONCENTRATE, IN TRAVENOUS **SODIUM** Yes Yes Base CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION Yes DEXTROSE 5 % IN Base No WATER (D5W) **INTRAVENOUS** SOLUTION RiTUXimab (PF) (RITUXAN) 375 mg/m2 in O sodium chloride 0.9% 250 mL RAPID INFUSION **RATE IVPB** Dose: 375 mg/m2 once over 90 Minutes for 1 dose Route: intravenous Offset: 60 Minutes Instructions: RAPID INFUSION RATE: Initiate infusion at a

rate of 100mL/hour. After 30 minutes. in the

absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening

consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients: Name Type Dose Selected Adds Vol.

RITUXIMAB 10 Medications 375 Main Yes MG/ML mg/m2 Ingredient

CONCENTRATE, IN

TRAVENOUS

SODIUM QS Base 250 mL Yes Yes

No

Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base

WATER (D5W) INTRAVENOUS SOLUTION

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --

Comments: 1) During Rituximab infusion:

-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN -Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120,

temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: -- Occurrences: --

Comments: 2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the

previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg Route: intravenous once PRN

Start: S

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg once PRN Dose: 100 mg Route: intravenous famotidine (PEPCID) injection 20 mg Route: intravenous once PRN Dose: 20 ma Start: S Rituximab Additional Orders epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg Dose: 0.3 mg Route: intramuscular once PRN Start: S Discharge Nursing Orders **ONC NURSING COMMUNICATION 76** Interval: --Occurrences: --Comments: Discontinue IV. Discharge Nursing Orders Dose: 20 mL Route: intravenous **PRN** Dose: 500 Units Route: intra-catheter once PRN Start: S Instructions: Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance. Week 4 Perform every 1 day x1 Appointment Requests **INFUSION APPOINTMENT REQUEST** Interval: --Occurrences: --Labs □ CBC WITH PLATELET AND DIFFERENTIAL Interval: --Occurrences: -- ☐ COMPREHENSIVE METABOLIC PANEL Interval: --Occurrences: --**✓ MAGNESIUM LEVEL** Interval: --Occurrences: --□ LDH Interval: --Occurrences: --**□** URIC ACID LEVEL Interval: --Occurrences: --Outpatient Electrolyte Replacement Protocol **TREATMENT CONDITIONS 39** Interval: --Occurrences: --Comments: Potassium (Normal range 3.5 to 5.0mEq/L) Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP Protocol applies only to same day lab value. 0 Serum potassium less than 3.0mEg/L, give 40mEg KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO

o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO

o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"
o Sign electrolyte replacement order as Per protocol: cosign

required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact

MD/NP

o Protocol applies only to same day lab value.

o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium

sulfate IV and contact MD/NP

o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium

sulfate IV

o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium

sulfate IV

o Serum Magnesium 1.6 mEq/L or greater, do not give

magnesium replacement

o If patient meets criteria, order SmartSet called "Outpatient

Electrolyte Replacement"

o Sign electrolyte replacement order as Per protocol: cosign

required

Provider Communication

ONC PROVIDER COMMUNICATION 58

Interval: -- Occurrences: --

Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C

serology has been performed within the past 6 months. Hepatitis B and

C serologies results: Push F2:11554001 drawn on ***.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S Instructions:

To keep vein open.

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose

Start: S Instructions:

Give 30 minutes before rituximab infusion.

diphenhydrAMINE (BENADRYL) injection 25

mg

Dose: 25 mg Route: intravenous once for 1 dose

Start: S Instructions:

Give 30 minutes before rituximab infusion.

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous continuous

Start: S

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Chemotherapy

RITUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB

Dose: -- Route: intravenous once for 1 dose Offset: 60 Minutes

Instructions:

Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a

maximum rate of 400 mg/hour.

Ingredients:

Name
Type
Dose
RITUXIMAB 10
Medications
Main
Yes
Ingredient

CONCENTRATE,IN TRAVENOUS

SODIUM Base Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base No Yes

WATER (D5W)
INTRAVENOUS
SOLUTION

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in

O sodium chloride 0.9% 250 mL RAPID INFUSION

RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose

Offset: 60 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening

consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients: Name Type Dose Selected Adds Vol.

RITUXIMAB 10 Medications 375 Main Yes MG/ML mg/m2 Ingredient

CONCENTRATE,IN

TRAVENOUS

SODIUM QS Base 250 mL Yes Yes

CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN QS Base No Yes

WATER (D5W) INTRAVENOUS SOLUTION

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --

Comments: 1) During Rituximab infusion:

-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN -Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120,

temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: -- Occurrences: --

Comments: 2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the

previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg Route: intravenous once PRN

Start: S

diphenhydrAMINE (BENADRYL) injection 25

ma

Dose: 25 mg Route: intravenous once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 ma Route: intravenous once PRN

Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection

0.3 mg

Dose: 0.3 mg Route: intramuscular once PRN

Start: S

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76
Interval: -- Occurrences: -Comments: Discontinue IV.

Discharge Nursing Orders

✓ sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

☑ HEParin, porcine (PF) injection 500 Units

Dose: 500 Units Route: intra-catheter once PRN

Start: S Instructions:

Concentration: 100 units/mL. Heparin flush for

Implanted Vascular Access Device

maintenance.